|  |
| --- |
| Customer Contact Information: |
| Name |  | Position |  |
| Company |  |
| Street |  |
| City |  | State/Prov. |  | Postal Code |  | Country |  |
| Phone |  | Fax |  | Email |  |

|  |
| --- |
| Sales Representative Contact Information: |
| Name |  |  |
| Street |  |
| City |  | State/Prov. |  | Postal Code |  | Country |  |
| Phone |  | Fax |  | Email |  |
| Salesforce Opportunity # |  | Anticipated Close Date |  |  |

|  |
| --- |
| *SONARtrac*TM Flow Meter Request |
| Size: 2” – 36”; Specify size, pipe type and # of units (please attach application information sheet or data sheet from customer if applicable):  |  |
| Software/Product: **[ ]  VF [ ]  GVF [ ]  VF/GVF [ ]  GH-100 [ ]  TAM-100 [ ]  HD Series** |
| Transmitter Power: **[ ]  AC [ ]  DC**  |
| Communications: **[ ]  Modbus [ ]  Foundation Fieldbus**  |
| Preamp: **[ ]  .3 Hz** (-01A) **[ ]  1.8 Hz** (-02A) **[ ]  12 Hz** (-03A) **[ ]  18 Hz** (-05A) **[ ]  .3Hz w/ 25x lower gain** (-04A) **[ ]  .3Hz w/ 2.5x lower gain** (-06A) |
| Location Rating: **[ ]  Ordinary Location [ ]  Class I Division 2 [ ]  Class I Zone 2 ATEX** |
| End location of meter if different from customer address above (city, state, country): |  |

**Installation Options:**

|  |  |
| --- | --- |
| Cable Length: | **[ ]  25’ [ ]  50’ [ ]  75’ [ ]  100’ [ ]  125’ [ ]  150’ [ ]  175’ [ ]  200’ [ ]  225’ [ ]  250’ [ ]  300’ [ ]  Unknown Length** *(table of sizes will be provided)***[ ]  Regular** (CA-1-XXXX) **[ ]  Armored-UL** (CA-7-XXXX) **[ ]  Armored-CSA** (CA-3-XXXX) |
| Other Options: | **[ ]  Tx Pole Mount [ ]  Rainguard (2-16” only) [ ]  Segmented Sensor Band** |
|  | **[ ]  Thermal Barrier** |

|  |  |
| --- | --- |
| **Customer Price Point** | List Price:       Discount to Apply\*:        |
| **Customer Requested Lead Time** |  |
| **Estimated Install/Startup Travel Costs** |  |

\* Discounts greater then 20% require business unit leader and CFO approval.

|  |  |  |
| --- | --- | --- |
| Send Quote to: | [ ]  Customer (copy to Rep) | [ ]  Sales Rep |

|  |
| --- |
| **Additional Information?:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Submitted to CiDRA:** |  | **Quotation Due Date:** |  |

Please submit completed form to:

Client Services & Support, CiDRA Corporate Services, 50 Barnes Park North, Wallingford, CT 06492

Phone: 203-626-3421 Fax: 203-294-4211 Email: werickson@cidra.com; agarner@cidra.com; sales@cidra.com

For CiDRA Use Only:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Received: |  | Date Responded: |  | Quote #: |  |



**CiDRA**

50 Barnes Park North

Wallingford, CT 06492

203-265-0035

www.cidra.com